

# FSIS NOTICE

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## CLARIFICATION OF CATTLE RESIDUE TESTING PROCEDURES

### Why is FSIS issuing this Notice?

FSIS is issuing this Notice to ensure that Veterinarian Medical Officers (VMO) continue to have clarification of FSIS's policies regarding when to use rapid in-plant tests (i.e., Swab Test on Premises (STOP) or Fast Antimicrobial Screening Test (FAST)). The information in this Notice is the same as that found in FSIS Notice 24-00.

### USE OF RAPID IN-PLANT TESTS

#### When do VMOs conduct rapid in-plant residue tests?

FSIS has trained all VMOs to conduct rapid in-plant tests on carcasses with the types of pathologies or conditions listed below and to retain the tested carcasses until the test results are received. Carcasses with such pathologies or conditions are at risk for residue violations. However, there are no instructions that effect this training. This Notice serves that purpose.

The following is a list of the pathologies and conditions that warrant retention and testing of carcasses. Symptoms are described to help VMOs determine when to retain and test carcasses.

1. Mastitis – carcasses with inflammatory ventral edema in the perineal area resulting from mastitis. Hemorrhages and yellow serous infiltrate, located ventrally, are typically present.
2. Metritis – carcasses with acute metritis. Associated pathology includes enlargement of the uterine body, distension of the uterine horns with a fetid brown, red brown, or black fluid; thinning of the uterine wall; and lack of evidence of normal uterine involution (no lines of contracture in the myometrium).
3. Peritonitis and surgery – carcasses with active peritoneal inflammation associated with fibrinous exudate or fetid ascitic fluid, no matter

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how limited the extent of the lesions or with ventral abdominal cellulitis secondary to percutaneous abomasal surgery. Findings of surgical devices (suture, toggles, fistula devices, etc.) are only significant if they are associated with active (i.e. the presence of fibrin as opposed to chronic peritonitis with fibrous adhesions) peritoneal inflammation.

4. Injection sites – carcasses with lesions associated with injections. Injection sites are likely to be found in a variety of locations including the neck, shoulder, thorax, axilla, ventral abdomen (along the subcutaneous abdominal vein), flank, hindquarter, pelvic area (perirectal) and tail. Also, look for cellulitis that is away from pressure points (e.g., tuber ischi, hip joint, stifle joint). These are generally found in the semimembranosus and semitendinosus muscle.

5. Pneumonia – carcasses with acute, subacute and chronic active pneumonias; with pleural cellulitis resulting from reticulo peritonitis complex; or with embolic pneumonia.

6. Pericarditis – carcasses with fibrinous or fibrinosuppurative pericarditis.

7. Endocarditis – carcasses with endocarditis and acute pulmonary, renal or other embolic lesions. Also, test carcasses that are condemned due to septicemia, pyemia, or other reasons.

8. Abomasal disease – carcasses with recent abomasal displacement and abomasal torsions or with intussusceptions, mesenteric torsions, and cecal torsions.

9. Septicemia and pyemia – carcasses that are being condemned for septicemia, pyemia, or other inflammatory/infectious conditions.

10. Downers - carcasses of any animal that was non-ambulatory.

11. Animals identified during ante-mortem inspection that were determined to be U.S. Suspect for residues.

12. Carcasses with acute cellulitis or other acute inflammations associated with a fibrinous or fibrinosuppurative exudate in any location on the carcass or viscera.

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